

PTO/SB/36 (09-09)  
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<b>Request for Continued Examination (RCE) Transmittal</b>  Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Application Number</b>	09/943,404
	<b>Filing Date</b>	8/30/2001
	<b>First Named Inventor</b>	Douglas L. Sorenson
	<b>Art Unit</b>	2179
	<b>Examiner Name</b>	NGUYEN, NGUYEN D.
	<b>Attorney Docket Number</b>	42390P11172

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) provision under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

ii. ☐ Other \_\_\_\_\_

b. ☒ Enclosed

i. ☒ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement (IDS)

iv. ☐ Other \_\_\_\_\_

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(b) required)

b. ☐ Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 CFR 1.17(a) is required by 37 CFR 1.114 when the RCE is filed. The Director is hereby authorized to charge the following fees, or credit any overpayments, to

a. ☒ Deposit Account No. 30-0221

i. ☒ RCE fee required under 37 CFR 1.17(c)

ii. ☒ Extension of time fee (37 CFR 1.106 and 1.17)

iii. ☐ Other \_\_\_\_\_

b. ☐ Check in the amount of \$ \_\_\_\_\_ enclosed

c. ☐ Payment by credit card (Form PTO-2008 enclosed)

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)	Shirley M. Green	Registration No. (if any)	141419
Signature	<i>Shirley M. Green</i>	Date	JANUARY 10, 2006

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or to be transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type)	Lisa M. Hopkinson	Date	JANUARY 10, 2006
Signature	<i>Lisa M. Hopkinson</i>		

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PTO/SB/38 (09-03)  
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<b>Request for Continued Examination (RCE) Transmittal</b>  Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Application Number</b>	09/343,404
	<b>Filing Date</b>	8/30/2001
	<b>First Named Inventor</b>	Douglas L. Sorenson
	<b>Art Unit</b>	2179
	<b>Examiner Name</b>	NGUYEN, NHON D.
	<b>Attorney Docket Number</b>	42390P11172

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i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

ii. ☐ Other \_\_\_\_\_

b. ☒ Enclosed

i. ☒ Amendment/Reply

ii. ☐ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other \_\_\_\_\_

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other \_\_\_\_\_

3. **Fees**

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a. ☒ Deposit Account No. 50-0221

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other \_\_\_\_\_

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
Name (Print/Type) <u>Shahzad M. Green</u>	Registration No. (Attorney/Agent) <u>41,410</u>
Signature <u>[Signature]</u>	Date <u>JANUARY 10, 2006</u>

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Name (Print/Type) <u>Lisa M. Hopkinson</u>	Date <u>JANUARY 10, 2006</u>
Signature <u>[Signature]</u>	

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